DENVER HEALTH	NO. CCG-26.013
CLINICAL CARE GUIDELINE	PAGE 1 of 3
TITLE: Weight Management Guideline for Adults	OBSOLETES NO: Dated: ---- ----
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I. PURPOSE

The purpose of the guideline is to define the expected standards for weight assessment, counseling and management for adult patients.

II. INCLUSION / EXCLUSION CRITERIA

A. Inclusion: All adult patients who are 18 years of age or older who receive primary care services in a Community Health Services (CHS) clinic at Denver Health (DH).

B. Exclusion: Pregnant women.

III. RESPONSIBILITY

A. CHS Primary Care Providers

B. Women's Care Providers

IV. GUIDELINE

All patients described in section II should be assessed for body mass index (BMI) and those found to be underweight or overweight should be counseled on the health benefits of maintaining a normal weight. Assessment, counseling and management of overweight and obese patients should be offered according to the guidelines developed by HealthTeamWorks[A] (Attachment A - Adult Obesity Guideline-Weight Assessment and Management Algorithm) with DH specific additions described below. The approach to assessment, counseling and management of underweight patients is also described below.

A. Assessment (all patients):

1. Weight should be measured at every visit.
2. Height should be measured:

Age Group	Height Measurement
18 – 60 years	At least once or as clinically indicated
>60 years	Yearly

3. Weight and height assessments should be entered into the current clinic-based data entry system to allow for automated calculation of BMI. If this function is not available, BMI should be calculated using one the following formulae:

$$BMI\ (lb/in^2) = \frac{\text{weight in lbs} * 703}{\text{height in inches}^2}$$

$$BMI\ (kg/m^2) = \frac{\text{weight in kilograms}}{\text{height in meters}^2}$$

Alternatively, an on-line calculator may be used (e.g., http://www.nhlbisupport.com/bmi/).

B. Classification (all patients):

BMI	Classification
<18.5	Underweight
18.5 – 24.9	Normal weight
25.0 – 29.9	Overweight
30.00 – 39.9	Obese (Class I: 30.00 – 34.9; Class II: 35 – 39.9)
>40	Class III (severe obesity)

C. Underweight patients should be evaluated and counseled based on the clinical scenario.

D. Management/Counseling (Overweight and obese patients):
1. Referrals: Overweight/obese patients should be offered in-depth counseling, if available, depending on their readiness to address their weight issues. Resources are mainly clinic-specific (e.g., RN counseling and classes, etc.) but may be system-wide on a limited basis (e.g., RD appointments).
2. Patient education handouts on weight management topics should be provided to interested patients. Handouts are accessible on the DH Pulse, Education & Training site (Health Promotion, Nutrition). http://dhpulse.hosp.dhha.org/EducationTraining/pafe/Pages/GeneralTopicHealthPromotion.aspx. This site can also be accessed via the Clinical Utilities link on the provider dashboard.
3. Surgical treatment to assist in weight loss is recommended only for patients with a BMI >40 or >35 with comorbidities with a payer source (CICP will not cover bariatric surgery). Interested patients must first attend an informational seminar and should be referred to Surgery Clinic for consideration of this treatment.

E. Waist Circumference:
1. Although waist circumference and BMI are interrelated, waist circumference provides an independent prediction of risk for type 2 diabetes, hypertension and coronary artery disease over and above that of BMI. Waist circumference measurement is particularly useful in patients who are categorized as normal or overweight per BMI, including those with increased muscularity (e.g., athletes). At BMIs ≥35, waist circumference has little added predictive power of disease risk beyond that of BMI. [B]
2. A waist circumference >40 inches (>102 cm) in men or >35 inches (>88 cm) in women should lead the provider to consider the patient as being in the next higher BMI category. For instance, a person with a normal BMI but with an increased waist circumference should be effectively thought of as being overweight. Likewise, if they are overweight by BMI and have an increased waist circumference, they should effectively be considered to be obese. The converse is true if the waist circumference is below these cutoffs.

V. REFERENCES

A. www.healthteamworks.org

B. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. NIH Publication No. 98-4083, September 1998 or http://www.nhlbi.nih.gov/guidelines/obesity/e_txtbk/intro/intro.htm

VI. ATTACHMENTS

"Adult Obesity Guideline –Weight Assessment and Management Algorithm." HealthTeamWorks 14, March 2011: 1-2